



Check if you have 77 Fund Service _____

PLEASE PRINT

APPLICANT'S NAME: _____

DEPARTMENT APPLYING TO: _____

APPLICATION FOR MEMBERSHIP IN THE 1977 POLICE OFFICERS' AND FIREFIGHTERS' PENSION AND DISABILITY FUND

INDIANA POLICE OFFICERS' AND FIREFIGHTERS
PENSION AND DISABILITY FUND

Suite 602 Harrison Bldg. ■ 143 West Market St. ■ Indianapolis, IN 46204-2899

APPLICATION CHECKLIST

These items must be completed before any individual can become a member of the 1977 Fund:

1. Aptitude test has been administered and passed (Local option for police officers).
2. Agility test has been administered and passed.
3. Conditional offer is extended and statement of understanding and authorization for release of medical information have been signed.
4. Pension secretary has certified that the candidate passed the physical agility exam.
5. The comprehensive medical history has been completed and the baseline statewide examination has been administered.
6. The baseline statewide examination (physical and mental) forms have been signed by a licensed physician indicating that the baseline statewide medical and any additional local standards have been met (Mental exam must be interpreted by a licensed physician or PhD-trained psychologist).
7. The appropriate specialist reports, if any, are identified and included in the application package.
8. A local pension board member, the pension secretary and the appointing authority have signed the certification forms indicating the baseline and any local standards have been met.
9. The examination form, ***all medical testing results*** and certification of successful completion of the physical agility, mental and medical examinations must be forwarded to PERF. PERF must approve or disapprove the application with respect to the baseline physical standards. PERF also determines if the applicant has any Class 3 excludable conditions.
10. PERF either approves or disapproves the application and issues the appropriate notifying letter. If the application is approved, the approval letter will also specify whether the applicant has any Class 3 excludable conditions.
11. If the applicant is approved by PERF, an unconditional offer of employment is made and the effect of any Class 3 exclusions is explained.
12. If the applicant is approved, the approval letter sent out by PERF must have the hire date filled in and must be returned to PERF along with the member record (blue for police/pink for fire).
13. If the applicant is not approved, the Indiana Administration Adjudication Act appeal process may be used to challenge the disapproval. The appeal process may also be used with respect to the determination that a Class 3 excludable condition exists.

CONDITIONAL OFFER OF EMPLOYMENT STATEMENT OF UNDERSTANDING

NAME _____ ,
(Last First Middle)

is applying for the position of _____ with
(Police Officer or Firefighter)

the _____ .
(City/Town)

(Candidate's Address)

I, _____ , a candidate for a _____
(Name of Candidate) (Name of Position)

position on the _____ department, have received a conditional offer
(Police or Fire)

of employment for that position.

I understand that the offer is conditional on my successfully passing the statewide baseline medical examination and the statewide mental examination, as well as any local medical and mental examination requirements. If I do not pass these examinations and requirements, the offer of employment will be withdrawn.

I further understand that, as a result of tests and examinations, certain diseases or conditions may be identified. These diseases or conditions, if identified, will prevent me from receiving certain Class 3 impairment benefits for a period of four years and will disqualify me from receiving disability benefits from the 1977 Police Officers' and Firefighters' Pension and Disability Fund throughout my employment if the disability is related in any way to the identified disease(s) or condition(s). I have reviewed PERF Board rules 35 IAC 2-9 and 35 IAC 2-10 and the lists of diseases and conditions set forth herein. I affirm that I understand the effect that 35 IAC 2-9 and 35 IAC 2-10 may have on my eligibility for benefits in the 1977 Fund and also on my ability to qualify for Class 3 impairment benefits.

DATE

CANDIDATE'S SIGNATURE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(This information is for Official and Medically-Confidential Use Only and
Will Not be Released to Unauthorized Persons)

NAME _____, is applying for the
(Last First Middle)
position of _____ with the _____
(Police Officer or Firefighter) (City/Town Department)

(Candidate's Address)

I, _____, A CANDIDATE
FOR A POSITION WITHIN THE DEPARTMENT,
AGREE TO ASSIST AND COOPERATE WITH THE
DEPARTMENT, THE ADMINISTRATORS OF THE
1977 POLICE OFFICERS' AND FIREFIGHTERS'
PENSION AND DISABILITY FUND ("1977 FUND"),
AND ANY REPRESENTATIVE THEREOF IN
OBTAINING THE FOLLOWING PERSONAL
INFORMATION:

ALL WRITTEN OR PRINTED
INFORMATION CONCERNING
ANY DIAGNOSIS, TREATMENT,
OR PROGNOSIS REGARDING
MY PHYSICAL OR MENTAL
HEALTH; INCLUDING, BUT
NOT LIMITED TO, ALL MENTAL
AND PHYSICAL HEALTH
RECORDS AND ALCOHOL AND
DRUG ABUSE RECORDS.

I HEREBY AUTHORIZE AND REQUEST ALL
PERSONS TO WHOM THIS REQUEST (copy or
original) IS PRESENTED, HAVING INFORMATI-
ON RELATING TO OR CONCERNING ME, TO
FURNISH THE ABOVE DESCRIBED INFORMATI-
ON TO ANY DULY APPOINTED ADMINIS-
TRATOR OR REPRESENTATIVE OF THE 1977
FUND AND ANY OFFICER OR INDIVIDUAL OF
THE DEPARTMENT. I FURTHER AUTHORIZE
THE DEPARTMENT, OR THE ADMINISTRA-
TORS OF THE 1977 FUND TO RELEASE THIS
INFORMATION, AS WELL AS THE RESULTS OF
ANY PHYSICAL EXAMINATIONS PERFORMED
IN CONNECTION WITH THIS FORM, TO THE
APPROPRIATE LOCAL PENSION BOARD.

I AM AWARE THAT THIS INFORMATION
MAY BE OF A PERSONAL NATURE AND MAY
OTHERWISE BE PROTECTED BY MY CONSTI-
TUTIONAL, STATUTORY, OR COMMON LAW
PRIVILEGES. I UNDERSTAND THAT INFORMATI-
ON RELEASED AND COMPILED PURSUANT
TO THIS AUTHORIZATION SHALL BE
TREATED IN A CONFIDENTIAL MANNER.
THEREFORE, I EXPRESSLY WAIVE ALL PRIVI-
LEGES WHICH MAY ATTACH TO SUCH DIS-
CLOSURE AND SHALL HOLD NO INDIVIDUAL,
ORGANIZATION(S), OR CORPORATION(S)
LIABLE FOR LEGAL ACTIONS FOR DISCLOSING
ANY OF THE INFORMATION HEREIN TO THE
DEPARTMENT, A 1977 FUND REPRESENTATIVE,
OR A LOCAL PENSION BOARD.

I AM ALSO AWARE THAT THIS AUTHORIZA-
TION IS SUBJECT TO REVOCATION AT ANY
TIME, EXCEPT TO THE EXTENT A PERSON OR
INSTITUTION HAS ALREADY LEGALLY ACTED
IN RELIANCE ON THIS AUTHORIZATION. IF
NOT PREVIOUSLY REVOKED, THIS AUTHORI-
ZATION WILL EXPIRE ON THE EARLIER OF: THE
DATE I AM EXTENDED AN UNCONDITIONAL
OFFER OF EMPLOYMENT TO BECOME A MEM-
BER OF THE DEPARTMENT; OR THE DATE I AM
OFFICIALLY ADVISED THAT I AM INELIGIBLE
FOR MEMBERSHIP IN THE 1977 FUND.

I UNDERSTAND THAT THIS INFORMATION IS
REQUIRED TO COMPLETE MY APPLICATION
TO BECOME EMPLOYED AS A MEMBER OF THE
DEPARTMENT AND THAT MISREPRESENTA-
TION, FALSIFICATION OF INFORMATION, OR
FAILURE TO ASSIST AND COOPERATE WITH
THE DEPARTMENT OR THE ADMINISTRA-
TORS OF THE 1977 FUND IN OBTAINING THE
REQUESTED INFORMATION WILL BE CONSID-
ERED CAUSE FOR DISQUALIFICATION FROM
CONSIDERATION.

FURTHER, I AUTHORIZE INVESTIGATION OF
ALL STATEMENTS CONTAINED IN THIS
FORM. I UNDERSTAND THAT OMISSION OF
FACTS CALLED FOR IN THIS APPLICATION
FORM IS ALSO CAUSE FOR DISQUALIFICA-
TION FROM FURTHER CONSIDERATION.

I HAVE READ THE ABOVE, UNDERSTAND IT,
AND CERTIFY THAT I WILL FULLY AND
TRUTHFULLY ANSWER ALL QUESTIONS TO
THE BEST OF MY KNOWLEDGE.

DATED THIS ____ DAY OF _____, 19 ____.

CANDIDATE'S SIGNATURE

CANDIDATE'S SOCIAL SECURITY NUMBER

NOTARY SEAL

SUBSCRIBED AND SWORN BEFORE ME THIS
____ DAY OF _____, 19 ____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____, 19 ____

COUNTY OF RESIDENCE _____

GUIDELINES FOR PHYSICIANS

This information is designed to help physicians complete the following forms. The medical conditions outlined in these forms may impact on an individual's ability to perform the essential functions of the job for a first class police officer or firefighter. The application of these guidelines requires a careful consideration of the job duties of a police officer or firefighter and the medical conditions that might affect a person's capability to conduct those duties.

Firefighting and emergency response are very difficult jobs. People in these jobs must perform functions that are physically and psychologically demanding. These functions must often be performed under very difficult conditions. Studies have shown that firefighting and police functions at times require working at near maximal heart rates for prolonged periods of time. Heavy protective equipment (including respirators) and the heat from fire also contribute to the physical load that firefighters must endure.

The available health data on firefighters and police officers is limited. Given the delay between exposure and onset of many occupational illnesses (i.e., latency), current or past health studies of firefighters and police officers may not reflect future health risks. However, it appears that firefighters and police officers have increased risk for injuries, pulmonary disease, cardiovascular disease, cancer, and noise-induced hearing loss. The increased risk for injuries is expected given the demands and circumstances for this work.

BASIC ESSENTIAL JOB FUNCTIONS

I. BASIC ESSENTIAL FUNCTIONS FOR POLICE OFFICERS

Patrol assigned area on foot or drive a vehicle searching for suspicious activity or situations, or checking for persons in need of service.

Monitor radio and other communication devices to receive assigned runs and to maintain awareness of activities in assigned areas or by other officers.

Assist citizens with problems such as lost children, injured persons, animal bites, civil disputes, locked doors, vehicle inspection and verifications, or abandoned vehicles.

Refer persons to appropriate social service agencies when situation warrants.

Respond to assigned run by driving, walking, or running to specified location, assess situation, determine need for other assistance, and take appropriate action.

Move people away from danger, including carrying unconscious people and providing emergency aid to injured people.

Investigate accidents, extract victims, provide emergency aid, gather evidence, record observations and statements of witnesses and victims, request assistance from other officers or agencies as needed, direct the removal of the vehicles involved, and ensure an area is clear.

Search crime scenes, take prescribed actions to preserve and protect evidence, and record findings and observations.

Interview victims, suspects, and witnesses, and record responses and observations.

Pursue, apprehend, search, and arrest suspects using only necessary force, advise suspects of rights, and transport suspect to detention area.

Using appropriate equipment and weapons, restrain people from physically striking or injuring others.

Drive a vehicle at high speed when situation warrants due to nature of emergency.

Stop drivers of vehicles when traffic violations are observed, verify license and registration data, advise driver of safe driving practices, and issue citations or make arrests as warranted.

Direct vehicular and pedestrian traffic when congestion occurs or as directed.

Report as directed to scenes of general emergencies and take appropriate action to protect life and property, such as directing traffic, quarantining an area, assisting individuals in leaving an area, preventing looting and requesting appropriate assistance.

Maintain visibility in the community by meeting and talking with citizens, provide information, visit local businesses, and make presentations to school, neighborhood and civic organizations.

Write reports and complete forms as required by operating procedure, and make oral reports to appropriate personnel.

Testify in court, prepare for such testimony by reviewing reports and notes, meet with attorneys and obtain appropriate evidence.

Participate in training on law enforcement procedures, including firearms, criminal justice, and court procedure, emergency medical aid and related subjects.

Maintain uniforms, equipment and weapons.

Maintain personal physical fitness.

Perform related duties as assigned.

II. BASIC ESSENTIAL FUNCTIONS FOR FIREFIGHTERS

Respond to alarms by reporting to assigned vehicle, riding in or on assigned vehicle to the scene of the emergency or fire.

Lift, carry, drag, lay and connect hose lines from hydrants and equipment to scene. Carry resuscitators, tools and other equipment from vehicle to scene.

Raise and climb ladders, crawl and walk on roofs and floors, open holes and windows with axes, bars or hooks for access or ventilation.

Combat fires by holding nozzles and directing streams of fog, chemicals or water and move into fire area, including into confined spaces and up stairs.

Communicate by voice or radio with other firefighters and other emergency personnel to relay observations, equipment needs and other relevant information.

Move people away from danger, including carrying unconscious people or holding a life net.

Provide emergency medical treatment to injured people.

Remove objects from buildings, place protective covers over objects and monitor assigned areas for signs of recurrence.

Conduct fire drills, critique drill participants on emergency procedure and instruct groups on such procedures.

Participate in training on firefighting, emergency aid, emergency procedures and related subjects.

Maintain departmental equipment and structures, which includes cleaning and washing walls and floors, hanging and drying fire hose, cleaning equipment and performing preventative maintenance on motorized equipment.

Maintain personal physical fitness.

Perform related duties as assigned.

ENVIRONMENTAL FACTORS THAT AFFECT JOB FUNCTIONS

I. ENVIRONMENTAL FACTORS FOR POLICE OFFICERS

The essential job functions for a police officer are performed in and affected by the following environmental factors. An officer must:

- (1) Operate both as a member of a team and independently at incidents of uncertain duration.
- (2) Face exposure to infectious agents such as hepatitis B or HIV.
- (3) Perform complex tasks during life-threatening emergencies.
- (4) Work for long periods of time, requiring sustained physical activity and intense concentration.
- (5) Face life or death decisions during emergency conditions.
- (6) Tolerate exposure to grotesque sights and smells associated with major trauma.
- (7) Make rapid transitions from rest to near maximal exertion without warm-up periods.
- (8) Use firearms, self-defense equipment and body armor.
- (9) Be able to physically protect him/herself.
- (10) Be able to communicate with people effectively.

II. ENVIRONMENTAL FACTORS FOR FIREFIGHTERS

The essential job functions for a firefighter are performed in and affected by the following environmental factors. A firefighter must:

- (1) Operate both as a member of a team and independently at incidents of uncertain duration.
- (2) Spend extensive time outside exposed to the elements.
- (3) Experience frequent transition from hot to cold and from humid to dry atmospheres.
- (4) Tolerate extreme fluctuations in temperature and perform physically demanding work in hot (up to 400° F), humid (up to 100%)

atmospheres while wearing equipment that significantly impairs body cooling mechanisms.

- (5) Work in wet, icy, or muddy areas.
- (6) Perform a variety of tasks on slippery, hazardous surfaces such as on roof tops or from ladders.
- (7) Work in areas where sustaining traumatic or thermal injury is possible.
- (8) Face exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents either through inhalation or skin contact.
- (9) Face exposure to infectious agents such as hepatitis B or HIV.
- (10) Perform complex tasks during life-threatening emergencies.
- (11) Work for long periods of time, requiring sustained physical activity and intense concentration.
- (12) Face life or death decisions during emergency conditions.
- (13) Tolerate exposure to grotesque sights and smells associated with major trauma and burn victims.
- (14) Make rapid transitions from rest to near maximal exertion without warm-up periods.
- (15) Operate in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces.
- (16) Use manual or power tools in the performance of duties.
- (17) Rely on senses of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in confused, chaotic, and potentially life threatening environments.
- (18) Wear personal protective equipment that weighs approximately 50 pounds while performing the essential functions of their job.
- (19) Perform physically demanding work while wearing positive pressure breathing equipment with 1.5 inches water column resistance to exhalation at a flow of 40 liters per minute.
- (20) Be able to communicate with people effectively.

COMPREHENSIVE MEDICAL HISTORY

TO BE COMPLETED BY CANDIDATE

Candidate's Name _____

Age _____ Birth Date _____ Sex: M F Home Phone _____ Business Phone _____

Occupation _____ Employer _____

What is your present health? Good _____ Fair _____ Poor _____

Are you having pain or discomfort at this time? No _____ Yes _____

A. (1) FAMILY HISTORY OF APPLICANT

Relation	Age	State of Health	If Dead, Cause of Death	Age at Death
Father				
Mother				
Brothers and Sisters				
Spouse				
Children				

Has Any Blood Relation (Grandparent, Parent, Brother, Sister) . . .

(Check each Item)	Yes	No	Relationship	(Check each Item)	Yes	No	Relationship
Had Tuberculosis				Had Stomach or Intestine Trouble			
Had Hypertension (High Blood Pressure)				Had Rheumatism (Arthritis)			
Had Diabetes				Had Asthma			
Had Kidney Trouble				Had Epilepsy (Seizures)			
Had Heart Trouble				Had Cancer			
Had a Stroke				Had Mental Illness			
Had Muscular Disease							

Please explain any "Yes" answers below . . .

COMPREHENSIVE MEDICAL HISTORY—Continued

TO BE COMPLETED BY CANDIDATE

A. (2) PERSONAL HISTORY OF APPLICANT (Past Medical History)

Did you have any unusual, complicated, or prolonged childhood illnesses? If so, please explain.

Hospitalizations (For Non-Surgical Reasons)

Year	Nature of Problem	Physician (Name & City)	Describe any Long Lasting or Residual Effects

Operations /Surgeries

Year	Type of Surgery	Hospital	Surgeon (Name & City)

Serious Injuries/Accidents (No Hospitalization Required)

Year	Nature of Injuries	Physician (Name & City)	Describe any Long Lasting or Residual Effects

COMPREHENSIVE MEDICAL HISTORY—Continued

TO BE COMPLETED BY CANDIDATE

Have you traveled extensively or resided outside of the United States and Canada? If so, please explain.

Military Service:	Dates	Branch of Service:	Any duty outside of the U.S.?

Any serious illnesses or injuries sustained while in Military Service should be listed on page 10.

Allergies — List any medications to which you are allergic or which you do not tolerate well:

List any non-medication allergies or sensitivities:

Medications — List below any and all medications that you are currently taking or that you take on a regular basis:

Medications	Dosage	Reason for Medication	Prescribing Physician

Personal Physician(s): Name	Address	Phone Number

Are you presently under a physician's care or the care of any other health care provider for any reason? If so, please explain.

Do you have any impairment, disabilities, functional limitations, or restrictions on activities as a result of physical, medical, or an emotional condition that may interfere with your ability to perform the essential functions of the job for which you are applying? The essential functions of the job are listed on pages 5 through 7. If so, please explain below:

COMPREHENSIVE MEDICAL HISTORY—CONTINUED

TO BE COMPLETED BY CANDIDATE

A. (3) REVIEW OF SYSTEMS

Have you had in the past or do you currently have any of the following conditions?

(Place check at right of each item. Mark N/A for questions that do not apply.) **NOTE: CHECK EACH ITEM.**

GENERAL		SKIN		HEENT			
YES	NO	YES	NO	YES	NO	YES	NO
Feel too hot or too cold	—	Change in skin character or texture	—	Wear glasses or contacts	—	Frequent or severe nosebleeds	—
Tremors or shaking of hands	—	Unusual growth on skin	—	Difficulty with vision not corrected by glasses/contacts	—	Nasal discharge	—
Chills or night sweats	—	Change in color or size of any mole	—	Blurred vision	—	Nasal obstruction	—
Presently following a specific diet	—	Swelling or lump in neck, armpits, groin or breasts	—	Double vision	—	Persistent change or loss in sense of smell or taste	—
In the past year, have had unexplained weight loss/gain	—			Pain or inflammation in eyes	—	Gums bleed easily	—
Frequent or recurrent infections	—			Color blindness	—	Persistent sore or rough places on lips or tongue	—
Any unexplained or significant bleeding	—			Decrease in hearing ability	—	Frequent or severe sore throats	—
Use any type of braces, supports, or other orthopedic devices that may affect your ability to perform the essential functions of the job for which you are applying?	—			Frequent earaches or discharge from the ears	—	Hoarseness that lasted more than one week	—
Any unexplained or unusual discharge?	—			Buzzing or ringing in the ears	—		
				Sudden attacks of dizziness or fainting	—		

RESPIRATORY		CARDIOVASCULAR		GENITOURINARY			
YES	NO	YES	NO	YES	NO	YES	NO
Frequent colds	—	Chest pain	—	Get up at night to urinate	—	Now pregnant	—
Wheezing or whistling in the chest	—	Pressure or heaviness in chest	—	Trouble starting or stopping your stream when you urinate	—	Lump in Breasts	—
Chronic cough	—	Chest pain radiating to neck jaw or down either arm	—	Frequency, burning or pain	—		
Cough up blood	—	Irregular heartbeat (palpitation; heart flutter) when you urinate	—	Blood or pus in urine	—		
Short of breath walking at normal pace or level surface	—	Ankles swell	—	Swelling or lumps in your testicles	—		
		Sleep propped up in bed	—	Sore on penis	—		
		Pain in either leg on walking	—				

COMPREHENSIVE MEDICAL HISTORY—Continued

TO BE COMPLETED BY CANDIDATE

<u>GASTROINTESTINAL</u>		<u>MUSCULOSKELETAL</u>		<u>NEUROLOGICAL</u>			
<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>		
Difficulty swallowing	_____	Pain in muscles	_____	Persistent numbness, tingling,	_____	Seizures/convulsions ("fits,"	_____
Frequent nausea or vomiting	_____	Pain in joints	_____	weakness or paralysis in any	_____	"spells" or "falling out")	_____
Stomach pain	_____	Swelling of any joints	_____	body part	_____	Persistent drowsiness through	_____
Excessive gas, belching or	_____	Frequent backaches	_____	Frequent headaches severe	_____	the day	_____
bloating	_____			enough to limit activities	_____	Become suddenly sleepy or	_____
Intolerance of fatty foods	_____			Sensation of dizziness	_____	"sleep attacks" during the day	_____
Recent change in bowel habits	_____			Sensation of lightheadedness	_____	Have episodes of sudden muscle	_____
Diarrhea lasting more than	_____			or faintness	_____	weakness during the day	_____
one week	_____			Periods of unconsciousness	_____		
Blood in bowel movement	_____						
Black or tarry bowel movements	_____						
Constipation	_____						

Please explain any affirmative responses to the questions in above section A. (3).

NOTE: If you wear contacts, please identify below the type of contact you wear (soft, hard) and how long you have worn contacts.

Do you have the history of any other significant physical condition, medical problems, or emotional disorders other than those listed above? If so, please list and fully explain.

COMPREHENSIVE MEDICAL HISTORY—Continued

TO BE COMPLETED BY CANDIDATE

A. (4) PERSONAL AND SOCIAL HISTORY

1. Have you ever smoked? ☐ Yes ☐ No

If no, go on to question 3.

Do you smoke now? ☐ Yes ☐ No

2. Fill in the appropriate columns if you've ever smoked.

	Amount smoked at present	Amount smoked when you stopped	Total years smoking
Cigarettes (number/day)	_____	_____	_____
Pipe (pipefuls/day)	_____	_____	_____
Cigars (number/day)	_____	_____	_____

3. How much of the following do you usually drink each day?

Cups of coffee _____ Cups of tea _____
Soft drinks _____

4. Have you ever drunk alcoholic beverages? ☐ Yes ☐ No

If no, go on to question 9.

Do you drink now? ☐ Yes ☐ No

5. Fill in the appropriate columns if you have ever drunk alcoholic beverages.

	Amount drunk at present	Amount drunk when you stopped	If stopped —when	Total years drinking
Liquor (ounces/week)	_____	_____	_____	_____
Beer (bottles/week)	_____	_____	_____	_____
Wine (glasses/week)	_____	_____	_____	_____

6. Are you always able to stop drinking when you want to? ☐ Yes ☐ No

7. Has drinking ever created problems for you with your job, family, social life or other obligations? ☐ Yes ☐ No

8. Have you ever gone to anyone for help about your drinking? ☐ Yes ☐ No

9. Do you or have you taken any illegal drugs? If yes, please explain. ☐ Yes ☐ No

10. Do you or have you ever used smokeless tobacco? If yes, please describe. ☐ Yes ☐ No

11. Describe your previous occupations?

12. Have you ever had any occupational illness, injury or significant occupational exposure? If so, please explain.

I certify that I have reviewed the information and answered the questions set forth in Sections A(1), A(2), A(3), and A(4) of this application form, and that I have answered truthfully and to the best of my ability.

Date

Signature of Candidate

Printed Name of Candidate

COMPREHENSIVE MEDICAL HISTORY—CONTINUED

TO BE COMPLETED BY EXAMINING PHYSICIAN

B. (1) GENERAL — Check appropriate column for each entry.

	Normal	Abnormal	Number and Describe Abnormalities in Detail
General Appearance			
Skin			
Head and Neck			
Eyes			
Conjunctiva			
Pupils			
Fundi			
Ear, Nose, Throat			
External Ear			
Tympanic Membrane			
Septum			
Teeth; Gums			
Throat; Tonsils, Tongue			
Trachea			
Lymph Nodes			
Thyroid			
Size			
Nodes			
Breasts			
Chest			
Contour			
Expansion			
Lungs			
Rales			
Rhonchi			
Wheeze			
Dullness			
Heart			
Rate			
Rhythm			
Inspection/Palpation			
Sounds			
Murmur			

PHYSICAL EXAMINATION—Continued

TO BE COMPLETED BY EXAMINING PHYSICIAN

B. (1) GENERAL—Continue from previous page.

	Normal	Abnormal	Number and Describe Abnormalities in Detail
Vessels			
Pulse			
Bruits			
Varicosities			
Abdomen			
Scars			
Tenderness			
Masses			
Hernia			
Genitalia			
Pelvic			
Prostate (If indicated)			
Rectum (If indicated)			
Spine			
Mobility			
Alignment			
Extremities			
Joints			
Deformity			
Edema			
Neurological			
Gait			
Coordination			
Reflexes			
Sensory			
Cranial Nerves			
Other			

B. (2) TESTS—Each of the following tests are to be administered to the candidate. Test results should be recorded below or attached.

Vital Signs

Blood Pressure _____ Pulse _____ Respirations _____ Height (in.) _____ Weight (lbs.) _____

Visual Testing (using a Snellen chart or other comparable chart)

	Distant			Near		
Visual Acuity						
uncorrected	/	/	/	/	/	/
	right	left	both	right	left	both
corrected	/	/	/	/	/	/
	right	left	both	right	left	both

Color Vision (ability to identify red, green and yellow colors) ☐ Yes ☐ No

Peripheral Vision (at least 140° in the horizontal meridian of each eye without correction) ☐ Yes ☐ No

PHYSICAL EXAMINATION—Continued

TO BE COMPLETED BY EXAMINING PHYSICIAN

B. (2) TESTS (Continued) —Each of the following tests are to be administered to the candidate and the results submitted with the application.

Audio Testing — (should be performed in an ANSI approved "soundproof" booth (ANSI S3.1-1991) with equipment calibrated to ANSI standards (ANSI S3.6-1989). If a booth is unavailable, the test room sound pressure levels should not exceed those specified in the Federal OSHA noise regulations (29 CFR 1910.95); (July 1, 1992 Edition).

Pulmonary Function Testing — A minimum of three acceptable FVC (Forced Vital Capacity) maneuvers must be performed and recorded. The best two FVC maneuvers must reveal results that are within 5% of each other. The best FEV1 (Forced Expiratory Volume in One Second) are recorded and the FEV1/FVC ratio is then calculated. Additional spirometric functions may be performed if desired or indicated.

Chest X-ray—Posterior-anterior/lateral views — with interpretation by a radiologist required. Other diagnostic imaging, if indicated.

12 Lead ECG (resting) test — with interpretation by a cardiologist or other qualified physician. Other diagnostic testing, if indicated.

Laboratory Testing (minimum)

- Complete Blood Count
- Blood Chemistries: fasting glucose, BUN, creatinine
- Liver Function: SGPT (ALT) SGOT (AST), GGT, LDH, Alkaline phosphatase, total protein, albumin, bilirubin (total)
- Urinalysis: S.G., blood, protein, glucose, ketones, bilirubin and nitrates required, microscopic evaluation required if any significant abnormalities above have resulted.
- HIV Testing — if screening test positive, confirm testing with Western Blot analysis HIV antigen.
- Syphilis Serology
- Urine Drug Screen — must test for at least marijuana, cocaine, opiates, amphetamines, PCP, benzodiazepines and barbituates. Testing must be performed in accord with the acceptable standards within the field of forensic toxicology and should adhere to all proper chain of custody procedures.
- TBc Skin Test — applied and interpreted — not to be done if there is a past history of positive PPD or pulmonary TBc.

I, _____, a licensed physician, certify that I have performed the above tests on
(Name of Physician)

_____, a candidate for appointment to the _____
(Name of Candidate) (Police or Fire)

department of _____
(Name of City or Town)

I further certify that I had administered or have had administered the above-listed tests and examinations to appropriately complete this questionnaire, and that I further certify that I have attached hereto copies of the results of all of the tests identified herein.

Date

Licensed Physician

Physician's Identifying Information (Please Print)

Physician's Name _____

Mailing Address _____

Telephone _____

Number issued by Medical Licensing Board _____

STATEWIDE BASELINE STANDARDS

TO BE COMPLETED BY EXAMINING PHYSICIAN

Based on the foregoing tests and examinations, I have determined that _____ either does or does not have the following conditions as indicated: (Name of Candidate)

YES	NO	(Check each item)
<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> </div>	<p>(1) Vision testing as follows:</p> <p>a. Far vision acuity:</p> <p style="margin-left: 20px;">(1) Corrected binocular vision worse than 20/30;</p> <p style="margin-left: 20px;">(2) Corrected vision of the worst eye worse than 20/50; or</p> <p style="margin-left: 20px;">(3) Uncorrected binocular vision worse than 20/100, with the exception that long-term successful users of soft contact lenses do not have to meet this uncorrected standard.</p> <p>b. Color vision: An <u>inability</u> to identify red, green and yellow colors.</p> <p>c. Peripheral vision: Uncorrected field of vision less than one hundred forty (140) degrees in the horizontal meridian in each eye.</p>
<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> <div>_____</div> <div>_____</div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> <div>_____</div> <div>_____</div> </div>	<p>(2) Hearing deficits: A hearing deficit in the pure tone thresholds (five hundred (500) Hertz, one thousand (1,000) Hertz, two thousand (2,000) Hertz, and three thousand (3,000) Hertz) in the <u>unaided worst ear</u>:</p> <p>a. of more than twenty-five (25) decibels in three (3) of the four (4) frequencies;</p> <p>b. of more than thirty (30) decibels in any one of the first three (3) frequencies, or</p> <p>c. an average loss within the four (4) frequencies of more than thirty (30) decibels.</p>
<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> </div>	<p>(3) Communicable diseases: Any communicable disease or condition that poses a significant risk of substantial harm to the health or safety of the candidate, co-workers or members of the public with who the candidate will come in contact during the course of employment.</p>
<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> </div>	<p>(4) Suddenly incapacitating diseases or conditions: Any disease or condition (physical or mental) that could incapacitate the candidate without sufficient warning to allow the candidate to take preventative measures, thereby imposing a significant risk of substantial harm to the health or safety of the candidate, co-workers, or members of the public with whom the candidate will come in contact during the course of employment (unless such disease or condition can be controlled by medication and the candidate affirms he or she takes the appropriate medication).</p>
<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> <div>_____</div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div>_____</div> <div>_____</div> </div>	<p>(5) Alcoholism or illegal use of drugs as follows:</p> <p>a. any history of alcoholism, unless the candidate has successfully rehabilitated for a period of at least one (1) year, successfully passes an examination for alcohol usage, and the candidate affirms he or she is no longer engaging in the use of alcohol and has successfully rehabilitated for a period of at least one (1) year preceding his or her application for employment.</p> <p>b. any history of illegal use of drugs or evidence of drug abuse, unless the candidate has successfully rehabilitated for a period of at least one (1) year, successfully passes an examination for use of drugs or drug abuse, and the candidate affirms he or she is no longer engaging in drug abuse and has successfully rehabilitated for a period of at least one (1) year preceding his or her application for employment.</p>

The determination of whether a candidate's condition poses a significant risk of substantial harm will be based on an objective individualized assessment of the applicant's present ability to safely perform the essential functions of the job considering reasonable accommodations to the extent required under the Americans With Disabilities Act. Factors to be considered include the following:

1. The duration of the risk.
2. The nature and severity of the potential harm.
3. The likelihood that the potential harm will occur.
4. The imminence of the potential harm.

Relevant evidence may include input from the applicant, the experience of the applicant in previous similar positions, opinions of medical doctors, rehabilitation counselors, or physical therapists who have expertise in the disability involved, or direct knowledge of the applicant.

Date

Licensed Physician

PHYSICIAN'S EXPLANATION OF STATEWIDE BASELINE STANDARDS AND CANDIDATE'S AFFIRMATIONS

(Complete only if answered "Yes" on page 18.)

■ Communicable Diseases

Physician's Explanation (Identify the communicable disease or condition and describe its risk to the health or safety of the candidate, co-workers, or the public with whom the candidate will come in contact during the course of employment):

■ Sudden Incapacitating Diseases or Conditions

Physician's Explanation (Identify the sudden incapacitating disease or condition and describe the risk to the health or safety of the candidate, co-workers, or the public with whom the candidate will come in contact during the course of employment; indicate if disease or condition can be successfully controlled by medication and identify the medication):

Candidate's Affirmation:

I, _____, affirm that I take the appropriate medication, as identified above, to control the above described sudden incapacitating disease or condition.

DATE _____ CANDIDATE'S SIGNATURE _____

■ Alcoholism

Physician's Explanation (Determine and describe whether the candidate has successfully rehabilitated for a period of at least one year and successfully passes an examination for alcohol usage (attach exam results)):

Candidate's Affirmation:

I, _____, affirm that I am no longer engaging in the use of alcohol and have been successfully rehabilitated for a period of at least one year preceding the date of my application for employment.

DATE _____ CANDIDATE'S SIGNATURE _____

■ Illegal Use of Drugs

Physician's Explanation (Determine and describe whether the candidate has successfully rehabilitated for a period of at least one year and successfully passes an examination for use of drugs or drug abuse (attach exam results)):

Candidate's Affirmation:

I, _____, affirm that I am no longer engaging in drug abuse and have been successfully rehabilitated for a period of at least one year preceding the date of my application for employment.

DATE _____ CANDIDATE'S SIGNATURE _____

EXCLUDABLE CONDITIONS

TO BE COMPLETED BY EXAMINING PHYSICIAN

I have determined that, based upon the above tests and examinations, _____ either does or does not have the conditions as indicated (please explain all affirmative responses to each item on Addendum A):

(Name of Candidate)

YES	NO	(Check each item)
CARDIOVASCULAR SYSTEM		
		1. A history of myocardial infarction.
		2. Angina pectoris or other evidence of coronary artery disease.
		3. Arteriosclerotic heart disease.
		4. Hypertrophy or dilation of the heart as evidenced by x-ray examination.
		5. Pericarditis, endocarditis or myocarditis unless the condition is now stable and unlikely to recur.
		6. Functional arrhythmias.
		7. High blood pressure evidenced by any of the following: a. Any blood pressure reading above one hundred fifty (150) millimeters mercury (for systolic). b. Any blood pressure reading above ninety (90) millimeters mercury (for diastolic). c. Use of anti-hypertensive medication. However, if systolic and diastolic readings without medication are produced at levels lower than one hundred fifty (150) millimeters mercury (for systolic) and ninety (90) millimeters mercury (for diastolic) on three (3) consecutive days, high blood pressure shall not be an excludable condition.
		8. Aneurysms and arteriovenous malformations.
		9. Peripheral atherosclerosis or arteriosclerosis, including any of the following peripheral vascular diseases: a. Intermittent claudication. b. Buerger's disease. c. A phenomenon of repeated thrombophlebitis.
		10. Heart bypass surgery within the preceding ten (10) years.
		11. Primary pulmonary hypertension.
		12. Pacemaker implant.
PULMONARY SYSTEM		
		13. Bronchiectasis.
		14. Bronchial asthma.
		15. Emphysema or chronic obstructive pulmonary disease.
		16. Pulmonary fibrosis.
		17. Pleurisy with effusion or empyema.
Continued on next page . . .		

YES	NO	(Check each item)
PULMONARY SYSTEM — Continued		
		18. Any spontaneous pneumothorax unless the condition is not likely to persist or recur.
		19. Any evidence of history of tuberculosis, sarcoidosis or congenital cystic disease of the lung, active histoplasmosis or any other lung pathology, unless the condition is now stable and unlikely to recur.
		20. Tumors or cysts of the lung, pleura or mediastinal.
RENAL SYSTEM		
		21. Evidence of existing renal calculus or ureterovesical calculus, if symptomatic.
		22. A history of kidney stones. If there is a history of kidney stones, urological consultation must be sought in order to provide an estimate of the likelihood of the recurrence or long-term incapacitating symptoms. A candidate exhibiting a high likelihood of recurrence must be considered to have an excludable condition.
		23. A person who has had a nephrectomy but with a functional remaining kidney will not be considered to have an excludable condition, provided there is no evidence of reduced renal function in the remaining kidney.
		24. Any chronic nephritis or nephrosis, hydronephrosis, pyelonephrosis, pyelitis, pyelonephritis or polycystic disease of the kidneys.
		25. Urinary tract disease, whether or not the urinary tract has any significant abnormalities at this time, or whether any organic disease is present, or other related disorders adversely affecting the kidneys, excluding urinary tract infections.
		26. Any proteinuria which is a result of renal disease.
		27. Any malfunction of the urinary tract organs, congenital or acquired.
		28. Polycystic kidney.
NEUROLOGICAL SYSTEM		
		29. Any history of subarachnoid hemorrhage, cerebral aneurysm or any cerebral vascular disease, in-
Continued on next page . . .		

EXCLUDABLE CONDITIONS—Continued

TO BE COMPLETED BY EXAMINING PHYSICIAN

YES	NO	(Check each item)
NEUROLOGICAL SYSTEM — Continued		
		cluding any previous stroke within the preceding ten (10) years.
		30. Hydrocephalus.
		31. Abnormalities from recent head injury such as severe cerebral concussion or contusion.
		32. Neurofibromatosis.
		33. Neuropathy, neuralgia including sciatica.
		34. Any seizure disorders within the preceding ten (10) years.
		35. Parkinsonism.
		36. Huntington's Disease (chorea).
		37. Multiple Sclerosis.
		38. Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease).
GASTROINTESTINAL SYSTEM		
		39. Pancreatitis.
		40. A history of chronic bowel disorders such as Crohn's disease and ulcerative colitis. A candidate with a history of a bowel obstruction within the preceding ten (10) years shall be considered to have an excludable condition unless the candidate is able to obtain a letter from the treating physician to the examining physician explaining the nature of the obstruction and what was done to cure it.
		41. Any hepatitis, chronic or acute, with impairment of liver function.
		42. Cirrhosis and/or varices.
		43. Inguinal or femoral hernia, hiatal hernia if symptomatic, or ventral hernia if symptomatic.
		44. Intra-abdominal tumors or masses.
		45. Any previous gastric resection unless there is sound x-ray evidence provided that there is little chance of recurrence of the condition which caused the first surgery.
		46. Active gastric or duodenal ulcers unless the candidate is able to provide x-ray evidence that the ulcer is currently healed. A history of gastric or duodenal ulcers shall be treated the same as any such active ulcer unless the candidate is able to provide x-ray evidence that the ulcer is currently healed.
		47. Any evidence of rectal or prostatic malignancy.
		48. Anorexia Nervosa/Bulimia within three (3) years.

YES	NO	(Check each item)
EENT SYSTEM		
		49. Any acute or chronic pathological condition in either eye or the adnexa of the eye.
		50. Nystagmus of the eye, uncorrected strabismus, glaucoma, and aphakia whether it is unilateral or bilateral, and active chorioretinitis should be considered for further examination by a qualified eye specialist to determine the likelihood and degree of future impairment.
		51. Cataract, retinitis pigmentosa, and any papilledema or tumor.
		52. Any retinal exudate, hemorrhage or edema, or detachment of the retina.
		53. Inflammatory disease of the retina, the globe, or the other structures within the globe.
		54. Heterophoria, hyperphoria, esophoria, or exophoria.
HEMATOLOGY/ONCOLOGY		
		55. Any disease of the blood forming organs or of the blood.
		56. Anemia with the hemoglobin lower than twelve grams per hundred cubic centimeters.
		57. Polycythemia, leukemia or any other progressive diseases of the blood system.
		58. Hemophilia.
		59. Malignant melanoma or, if it has been removed, any evidence of metastatic disease.
		60. Hodgkin's disease, lymphadenopathy, lymphomas, or lymphosarcomas.
		61. Any malignant tumor of any type, unless completely eradicated for at least ten (10) years.
MUSCULOSKELETAL SYSTEM		
		62. Any active disease of bones and joints including active arthritis, osteomyelitis or marked deformity of the spinal column; including, but not limited to the following: history of laminectomy, amputation or deformity of a joint or limb, joint reconstruction, ligamentous instability, or joint replacement.
		63. Herniation of an intervertebral disk.
		64. Ankylosing Rheumatoid Spondylitis.
		65. Muscular Dystrophy.

EXCLUDABLE CONDITIONS—Continued

TO BE COMPLETED BY EXAMINING PHYSICIAN

YES	NO	(Check each item)
METABOLIC/ENDOCRINE SYSTEM		
		66. Diabetes requiring insulin or oral hypoglycemics. An individual with diabetes whose condition is effectively controlled by diet alone would not be considered to have an excludable condition. A candidate with a history of glucosuria or albuminuria must be considered to have an excludable condition unless a report from the physician that treated the candidate can be obtained which assures the absence of diabetes mellitus.
		67. Addison's disease, splenomegaly, adenopathy, secondary to systemic disease or metastasis.
		68. Diseases of the adrenal gland, pituitary gland, parathyroid gland or thyroid gland of clinical significance.
		69. Nutritional deficiency disease or metabolic disorder.
MISCELLANEOUS		
		70. Any current fistula, either congenital or acquired including tracheostomy.
		71. Peripheral edema—determine the cause and identify the disqualifying disorder (attach report).

YES	NO	(Check each item)
MISCELLANEOUS — Continued		
		72. Recurrent syncope.
		73. Alcohol or drug abuse within five (5) years.
		74. Auto Immune Disorders including, but not limited to the following: Rheumatoid Arthritis and Myasthenia Gravis, dermatomyositis, or scleroderma.
		75. Lupus Erythematosus.
		76. Obesity of such a degree so as to interfere with normal activities, including respiration.
		77. Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) positive, as determined by a blood test.
		78. Sexually transmitted diseases should be considered for further examination by a qualified medical specialist to determine the likelihood and degree of future impairment.
		79. Narcolepsy.
		80. Organ transplant.

Date: _____ Licensed Physician: _____

Physician's Identifying Information (Please Print)

Physician's Name _____

Mailing Address _____

Telephone _____

Number issued by Medical Licensing Board _____

EXCLUDABLE CONDITIONS—Addendum A

TO BE COMPLETED BY EXAMINING PHYSICIAN

Please record explanations below for all affirmative responses to items listed as an excludable condition. *(Please Print or Type)*

Item #	Explanation . . .
_____	_____ _____ _____ _____
_____	_____ _____ _____ _____
_____	_____ _____ _____ _____
_____	_____ _____ _____ _____
_____	_____ _____ _____ _____
_____	_____ _____ _____ _____
(If needed, please attach additional sheets for your explanation.)	

EXCLUDABLE CONDITIONS—Specialist's Information

TO BE COMPLETED BY EXAMINING PHYSICIAN

If any items are answered affirmatively, has the appropriate specialist's report been obtained and included in the candidate's application package? *(Please complete the following for each of these items that have been answered affirmatively.)*

Specialist's Report Included?		Excludable Condition Item #	Specialist's Name and Address
Yes	No		
_____	_____		<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>
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CERTIFICATION RE: BASELINE STATEWIDE MENTAL EXAMINATION

Indiana law mandates administering a mental examination to all candidates to determine if the candidate is mentally suitable to be a member of the department. The mental examination prescribed is the Minnesota Multiphasic Personality Inventory ("MMPI"). (This section is required to be completed before PERF can process the candidate's application; copies of the results of the mental exam are not required to be sent to PERF.)

I, _____, a licensed (physician, Ph.D. psychologist), have interpreted
(Physician/Psychologist)
the results of the statewide mental examination (the "MMPI") and have determined that the named applicant
_____ has passed the standards established by the local board.
(Name of Candidate)

DATE _____ SIGNATURE _____

Physician's or Psychologist's Identifying Information (Please Print)

Name _____

Mailing Address _____

Telephone _____

Number issued by Medical Licensing Board _____

LOCAL BOARD'S CERTIFICATIONS

The _____ Board ("Board") has determined that
(Local Board Name)

(Name of Candidate) :

(1) passes the local physical and mental standards, if any, established by the appointing authority for the department; (2) has been determined to be mentally suitable to be a member of the department after being tested using the baseline statewide mental examination ("MMPI"); and (3) has successfully met all minimum criteria for the baseline physical examination; and (4) has been determined to meet the physical requirements to be a member of the department by virtue of having passed said physical and mental standards. The Board certifies that the statewide mental examination prescribed by the PERF board was appropriately administered and that the results of the examination were interpreted by a licensed physician or a licensed Ph.D. psychologist. The Board has attached hereto copies and certification of the results of the physical agility examination required by law, and certification of the results of the baseline statewide mental examination. The Board further certifies that the candidate has satisfied any aptitude, physical agility or physical and mental standards established by the appointing authority.

BOARD MEMBER: _____ Telephone: _____

Pension Secretary: _____ Telephone: _____

Date: _____

APPOINTING AUTHORITY'S CERTIFICATION

The appointing authority for the _____ certifies that it has adopted
(Name of City/Town Department)
standards for physical agility tests and has administered the tests to _____ ,
(Name of Candidate)
who successfully passed the standards. These results have been certified to the local board.

The appointing authority further certifies that it caused to be administered the baseline statewide physical examinations required by law, that the examination was administered by a licensed physician, and that the candidate successfully met all standards and passed said examination. The appointing authority further certifies that no medical exam was performed upon the candidate prior to a conditional offer of employment. The appointing authority further certifies that at the time of the conditional offer or employment, the candidate completed the attached "Statement of Understanding."

The appointing authority certifies that, with respect to the Statewide Baseline Standards, reasonable accommodations have been made to enable the candidate to successfully perform the essential functions of the job and/or eliminate or effectively reduce the direct threat that would be caused by the presence of the following disease(s) or condition(s):

In addition to the statewide required standards, the appointing authority has established the following additional standards as a condition of employment:

The appointing authority further certifies that _____ has passed
the locally prescribed standards and the test results for these standards have been certified to the local board.

Date

Appointing Authority

Telephone

Approved by the State Board of Accounts, 1993
State Form 4928 (R4/9-99)